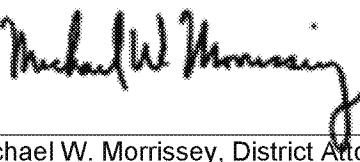


X SUMMONS FOR WITNESS		DOCKET NUMBER [REDACTED]	Trial Court of Massachusetts District Court Department	
SESSION: X CRIMINAL X TRIAL		NAME AND ADDRESS OF COURT DIVISION		YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN
NAME, ADDRESS AND ZIP CODE OF DEFENDANT		Quincy District Court One Dennis F. Ryan Parkway Quincy, MA 02169 Chief Justice: Hon. Mark F. Coven		
Commonwealth v. [REDACTED]		DATE AND TIME OF APPEARANCE:		
		March 5, 2012 at 8:45am JURY TRIAL		
		DATE	TIME	
NAME, ADDRESS AND ZIP CODE OF WITNESS		OFFENSE(S)		
Ms. Kate Corbett Mass. Department of Public Health William A. Hinton State Laboratory Institute 305 South Street Jamaica Plain, Mass. 02130		Possession of Class B Substance		
<p>TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH: You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.</p> <p>NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.</p> <p>To the above named Witness: You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered.</p> <p>WARNING TO WITNESS: Failure to appear in accordance with this summons may result in the issuance of a warrant for your arrest. Please bring this document with you to court.</p> <p>Please check in on the 2nd floor at the District Attorney's Office If you do not appear, the case may be dismissed.</p>				
WITNESS:		DATE OF ISSUE		
 Michael W. Morrissey, District Attorney		7/12/2017		
RETURN OF SERVICE				
I hereby certify that I served the within summons upon the above named <u>Witness</u> by				
<input type="checkbox"/> Delivering a copy of it personally to the defendant or witness. <input type="checkbox"/> Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein. <input checked="" type="checkbox"/> Mailing a copy of it to the last known address of the defendant or <u>witness</u> <input type="checkbox"/> I received the summons on _____ but I was unable to make service				
DATE RECEIVED _____				
because: _____				
DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE		TITLE OF PERSON MAKING SERVICE	
12/23/11	/s/ Eric Haskell		Norfolk County D.A.'s Office	